

FINAL

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS  
VIRGINIA PRESCRIPTION MONITORING PROGRAM  
MINUTES OF THE ADVISORY PANEL

Thursday, September 14, 2017

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

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<b>CALL TO ORDER:</b>	A meeting of the advisory panel of the Prescription Monitoring Program was called to order at 1:03 p.m.
<b>PRESIDING:</b>	Ralph Orr, Director, Prescription Monitoring Program
<b>MEMBERS PRESENT:</b>	Jody Allen, Board Member, Board of Pharmacy Rafael Saenz, Board Member, Board of Pharmacy (Representing Ryan Logan) David Taminger, D.D., Board Member, Board of Medicine Jennifer Deschenes, Deputy Director, Board of Medicine, DHP (Representing Dr. William Harp) Sammy Johnson, Deputy Director, Board of Pharmacy, DHP (Representing Caroline Juran)
<b>MEMBERS ABSENT:</b>	Lori Conklin, M.D., Board Member, Board of Medicine Ryan Logan, Board Member, Board of Pharmacy
<b>STAFF PRESENT:</b>	Lisa Hahn, Chief Deputy Director, Department of Health Professions (DHP) Pamela Twombly, Deputy Director, Enforcement Division, DHP Ralph Orr, Program Director, Prescription Monitoring Program, DHP Robert Perrine, Administrative Assistant, DHP
<b>WELCOME AND INTRODUCTION</b>	Mr. Orr welcomed everyone to the meeting to the advisory panel and all attendees introduced themselves.
<b>APPROVAL OF AGENDA</b>	The agenda was approved as presented.
<b>APPROVAL OF MINUTES</b>	The approval of the minutes was delayed until the next meeting of the advisory panel
<b>PUBLIC COMMENTS</b>	No public comments were made.
<b>Lisa Hahn DEPARTMENT OF HEALTH PROFESSIONS REPORT</b>  Workgroups:  <b>Online E-Complaint</b>	Ms. Hahn noted that as a part of the 2017 Legislative Initiative, DHP had been tasked with hosting two workgroups that she could provide an update on: The E-Prescribing and Opioid curriculum Workgroups. The E-Prescribing workgroup has met a few times and is ironing out the challenges faced by dispensers and prescribers. The Opioid Curriculum Workgroup is establishing core competencies for medical, dental, pharmaceutical, nurse practitioners and physician assistant schools throughout the Commonwealth.

<p><b>Unsolicited Reports</b></p>	<p>Ms. Hahn was pleased to share the new button displayed on the DHP website that allows for individuals to file complaints online. This button will be posted on every Board and Program website, and DHP has already received 30 complaints since its debut on September 8.</p> <p>Ms. Hahn shared with the committee that DHP initially ran unsolicited reports on PMP data, based on the following criteria: providers or dispenses with 1 patient with an MME over 2000 or 10 patients with an MME over 1000. The first reports resulted in 18 cases, of which 4 were closed no violation after investigation, 3 cases were being addressed in other investigations, 2 were closed undetermined, and 1 is still in the probable cause review. Ms. Hahn explained that a case closed undetermined could be reexamined by the respective board if more information came to light.</p>
<p><b>Ralph Orr: PROGRAM UPDATE</b></p> <p><b>Gabapentin</b></p>	<p>Mr. Orr discussed charts that indicate that the several laws, regulations, and policies that have been put in place over the last year or so are making an impact. Specifically, the number of adults receiving greater than 100 Morphine Milligram Equivalent Daily by quarter has decreased from 168,203 in the fourth quarter of 2016 to 148,063 in the second quarter of 2017; the total number of patients receiving schedule II, III, or IV controlled substances has decreased; and the total number of doses of pain relievers has dropped significantly during this same time period. New regulations regarding the prescribing of buprenorphine have taken effect with the result that the number of prescriptions for mono-product buprenorphine has decreased while the total number of buprenorphine prescriptions have increased which was an intended goal of the regulations.</p> <p>Mr. Orr explained that gabapentin is now listed as a drug of concern by the General Assembly, in a bill that was signed 2/23/17. This was necessary for the PMP to track gabapentin without a providers DEA number. Gabapentin tracking will be beneficial because while it is not abusable by itself, when combined with others can heighten a user's "mellow high". Gabapentin is most commonly prescribed for neuropathy, seizures, and fibromyalgia, but has shown some success in controlling withdrawals from opioids or alcohol. OCME is reporting higher levels in user's systems, and Mr. Orr disclosed that there is even a street name for gabapentin: "Johnnys". Gabapentin is now the number 1 drug tracked by the PMP, in terms of Rx counts.</p>
<p><b>CRITERIA DEVELOPMENT FOR UNSOLICITED REPORTS- PRESCRIBING? DISPENSING BUPRENORPHINE FOR MEDICATION ASSISTED TREATMENT</b></p>	<p>Mr. Orr suggested that the panel consider using Top Prescribers or Dispensers as a possible indication of an unusual occurrence of prescribing or dispensing. Mr. Orr reminded the panel that prescribers or dispensers with large prescription counts does not mean there is a problem with their prescribing or dispensing on its own merit, but may indicate a potential cause for concern that merits review and possibly investigation. Tennessee PMP, by law, reports the top 50 prescribers to their respective licensing boards, who ask the licensees to provide</p>

	<p>information related to their prescribing practices. Additionally, seeing the same prescribers or dispensers appear across quarters could help explain prescriber or dispenser activity.</p> <p>Mr. Orr clarified to the panel that DHP has no jurisdiction over Veteran Affairs dispensing facilities, although they do report data to the PMP. The PMP also generates partial fill reports as a prescription, which could artificially inflate some dispenser's numbers. Dr. Taminger asked the panel what the purpose of developing this criteria, is it to find prescribers/dispensers who are breaking the law or acting unusually? More patients at a higher MME level is a higher concern to Dr. Taminger, but he acknowledged that a number of factors could influence the data, including size of practice and specialty.</p> <p>Ms. Twombly shared that the Enforcement Division current process is labor intensive, and requires an internal review before a case can be sent to the field for a proper investigation. She agreed that some specialties do stand out, and although cases haven't always come out of the PMP data, the concept is positive. Ms. Twombly noted that DHP has multiple data sources and ways to investigate, and that this is another useful tool.</p> <p>Mr. Orr presented information on criteria with patients over 500 MME and the number of cases for review these may generate for prescribers or dispensers. It was explained that in this round buprenorphine prescriptions have been removed from these queries and that Board emergency regulations could be used as criteria for unusual prescribing or dispensing of buprenorphine products.</p> <p>All panel members agreed to the following parameters to be used for possible referral to the Enforcement Division: the top 25 dispensers and prescribers measured quarterly, any dispenser or prescriber with 5 or more patients with a MME over 750, or any dispenser or prescriber with 25 or more patients with a MME over 500. The current criteria of any prescriber or dispenser with a patient over 2000 MME was kept in place.</p>
<b>NEXT MEETING:</b>	Dates for March or June, 2018 to be determined.
<b>ADJOURN:</b>	With all business concluded, the panel adjourned at 2:46 p.m.
	Ralph A. Orr, Director